

Group Art Unit: 2613
Examiner: Not yet assigned

Appl'n No.: 10/743,315

Filed: December 23, 2003

Conf. No.: 5572

For: **AN AUGMENTED REALITY
SYSTEM AND METHOD**

Atty. Dkt.: 43315-201410

STATUS INQUIRY

26694
PATENT TRADEMARK
OFFICE

September 23, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The above-identified application was accepted on December 23, 2003.

A Supplemental Information Disclosure Statement was filed on January 5, 2005, and the last paper received from the U.S. Patent and Trademark Office was the Notice of Recordation dated December 9, 2004.


The Patent Office is respectfully solicited to provide a written status report on this case.

Date:

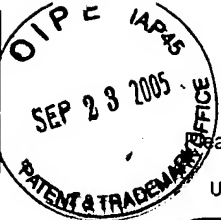
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Respectfully submitted,

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/743,315	
	Filing Date	December 23, 2003	
	First Named Inventor	PRETLOVE et al.	
	Group Art Unit	2613	
	Examiner Name	tba	
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): STATUS INQUIRY
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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Signature	Eric J. Franklin, Reg. No. 37,134	
Date	September 23, 2005	

CERTIFICATE OF MAILING			
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